



# ISI HOCKEY MEMBERSHIP APPLICATION

Membership Term March 1, 2019 - August 31, 2019

PLEASE PRINT

ISI Number \_\_\_\_\_ Home Rink or League \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

Birthdate \_\_\_\_\_ Age as of July 1<sup>st</sup>: \_\_\_\_\_ Email \_\_\_\_\_

Gender (Please circle) Male Female Player \_\_\_\_\_ Coach \_\_\_\_\_ Referee \_\_\_\_\_

**Hockey Membership dues: Youth (Ages 17 & Under) \$23      Adult (Ages 18 & Over) \$28      Official \$16**

**\*\*Assumption of Risk, Waiver of Liability & Indemnity Agreement- Must be Read and Signed\*\***

In consideration of being allowed to participate in the hockey program, its related events and activities, I acknowledge, and agree that: I understand and accept the risk of injury, paralysis and death, resulting from participation in the aforementioned program. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS and full responsibility for my participation; and, I willingly agree to comply with the rules, terms and conditions of participation. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Ice Skating Institute, their officers, officials, agents and/or employees, instructors, coaches, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for the above participant, do consent and agree to his/her release as provided above and for myself, my child and our heirs, assigns, and next of kin, I release, indemnify and hold harmless the Releasees from any and all liabilities related to my minor child's involvement or participation in these programs, to the fullest extent permitted by law.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_

**PAYMENT TYPE (circle one) Check VISA M/C Amex Discover**  
(All fields required)

**NON-REFUNDABLE**

Credit Card Number \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Credit Card Exp Date \_\_\_\_\_ Card Billing Zip Code \_\_\_\_\_ Card Security No \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Phone (must be included) \_\_\_\_\_ email \_\_\_\_\_